

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Andy H. Levine, John F. Cvinar and John C. Meade  
Application No.: 10/811,293 Group: 3738  
Filed: March 26, 2004 Examiner: Cheryl L. Miller  
  
Confirmation No.: 8260  
  
For: ANTI-OBESITY DEVICES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>12-11-07</u>	<u>Amy Comeau</u>
Date	Signature
<u>Amy Comeau</u>	
Typed or printed name of person signing certificate	

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Continued Examination and Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	46	MINUS	* 49	0	X \$25	\$ [ ]
INDEP	10	MINUS	** 9	1	X \$105	\$ [ ]
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$185	\$ [ ]	+ \$370	\$ [ ]
			TOTAL = \$ [ ]		TOTAL = \$ [ ]	

\* not fewer than 20  
\*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:**

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$130	\$[ ]	X \$260	\$[ ]

Payment Sufficient for up to [ ] Sheets
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**Petition for Extension of Time**

- Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ _____

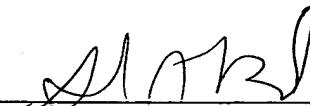
**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input checked="" type="checkbox"/>	Claims Fee	\$ 210.00
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
Request for Continued Examination (RCE)		\$ 810.00
		\$ _____
		<b>TOTAL:</b> \$ 1,020.00

- Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated:

12/11/07